

and the tissue between the points of fracture so injured, that sloughing resulted a few days subsequently, leaving a wound three and three-quarter inches in length, and some three inches in width. The principal arteries escaped injury. I decided to save the foot, if possible, and, having reduced the dislocation and placed the limb in its proper position, I prepared myself to combat the constitutional disturbances that I knew must arise. The case was watched with no little anxiety, and remedies administered accordingly. For the first ten days the pulse was kept below 100 by the judicious use of veratrum viride. Patient was slightly delirious at times for the first two weeks. Yeast and charcoal poultices were freely used until all danger of mortification was passed, and creosote was added to the poultices so long as any antiseptic was deemed necessary. As may be supposed, the discharge of pus and purulent synovia was abundant; to guard against the bad effects of which, bark and wine were liberally administered. The hypophosphites of lime and soda were also given, with the apparent effect of increasing the appetite.

"The various mechanical contrivances made use of to contribute to the patient's comfort, and keep the foot in place, were by no means peculiar, and consequently need not be described. After three weeks, he was in a fit condition to be removed to his home, a considerable distance; the limb being carefully bandaged and supported. During the six months that have elapsed since the injury, several small pieces of bone have been removed, and from the present appearance of the limb I feel justified in predicting a good limb. Of course amputation, if it had resulted favourably, would have saved much time; but I imagine that no surgeon, in these good days of conservatism, would be willing to say that I purchased the limb at too dear a cost."

*Complete Inversion of the Uterus with an Adherent Placenta, following a Natural Labour.*—Dr. O. N. ELLIS, of Dresden, Ohio, records (*Ohio Med. and Surg. Journal*, Jan. 1862) the following example of this:—

On Monday, May 6, about one o'clock P. M., was called to see Mrs. R. G., æt. 26, a woman of sanguineo-lymphatic temperament, in her third labour. Made an examination per vaginam; found the os uteri dilated to about the size of a quarter dollar. After a few moments conversation with the patient, and some charges to the attendants, I left her room, and did not see her again until four o'clock of the same afternoon. During this interval the labour had progressed rather slowly, owing to the rigidity of the parts, and, knowing her previous history, did not think of anything else than a tedious labour. The pains, however, grew more marked and distinct in the course of half an hour afterward; and at about half past five o'clock, four and a half hours from my first visit, a healthy female child was born. The woman was not fatigued, was in good spirits, and conversed freely with her attendants. Soon after the birth of the child, not to exceed a quarter of an hour, she began to have strong expulsive pains accompanied with some hemorrhage, though not to exceed the usual quantity. They continued for a short time, appearing at longer intervals, and finally ceased altogether. I now made a thorough examination of the interior of the uterus; found its walls patulous, the placenta at the fundus, very large in size, and very hard to the touch. The usual "ready remedies," friction over the utero-abdominal surface, cold applications, etc., were used, but with no effect; and from the very alarming nervous prostration, and request of the patient, I sent for counsel. Drs. Cass and Lemert came promptly to my assistance. Teaspoonful doses of wine of ergot were administered at intervals of ten minutes, sufficient to quicken the contractions, with friction over the abdomen. Strong contractions now came on. The uterus could be distinctly felt as a round, hardened mass; but at the fundus little or no contractions could be felt during a pain. But a short time had elapsed from the administration of the third dose of ergot, and whilst my hand was on the abdomen, I felt the uterus contract suddenly, and as suddenly glide from under my hand. Upon examination, the cavity of the vagina was found filled, and a substance supposed by us all to be the placenta. Following this, alarming prostration seized the patient, "feeling," as she described it, "as if she was sinking through the bed." Stimulants were now promptly administered, but with little or no effect. Upon examination, a mass resembling

a large piece of *boiled liver* in colour, but very hard in consistency, was found protruding entirely from the vagina. The umbilical cord was attached to the centre of this carnaceous mass, being very large and soft. As the parts relaxed the tumour increased in size, but no membranes could be found upon or about it. There could be no doubt now as to the case being one of complete inversion, as the broad and round ligaments could be felt just behind the protruding tumour. With great difficulty the placental mass was separated from the uterus, which was immediately replaced, contracting, upon itself, to the natural size, with the removal of the hand. All our efforts were now directed to the sinking condition of the patient, but she failed to rally, and died at nine o'clock of the same evening.

Dr. E. states that "at no time was any force applied at the cord."

*Wound of the Eye; Extirpation of the Organ; followed by Fatal Tetanus.*—Dr. E. WILLIAMS records (*Cincinnati Lancet and Observer*, March, 1862) a case of wound of the eye by a large scale of iron, which flew off from a boiler while the patient was hammering upon it. Dr. W., convinced that there was in the eye a foreign body, wished to remove the organ, but the patient obstinately refused, and only consented three weeks after the accident, his sufferings in the meantime being very intense. Dr. W. enucleated the eye on the 24th of April; the patient went on well until the third evening after the operation, "when he began to experience some rigidity about the muscles of the jaw, and difficulty in swallowing. The following morning all the muscles on the right side of his face were perfectly inactive and flabby, while those on the opposite side were rigidly contracted, giving the patient the peculiar physiognomy of facial paralysis. He could still open the mouth about half an inch and swallow, but with labour. The tetanic contraction invaded successively the muscles of the neck, chest, abdomen and limbs; and he died on the morning of the 5th of May, one month after the accident, ten days after the operation, and seven days after the tetanus set in.

"On inspecting the eye, I found the retina destroyed by the suppuration, excepting a small floating portion around the optic entrance—choroid thickened and friable from the presence of lymph in its tissue—iris discoloured, swollen, and pushed forward against the cornea, pupil closed by a plug of yellowish lymph, lens turbid, very soft, and much diminished in size. Behind the iris, and moulded to its posterior surface and the inner surface of the corpus ciliare, was a mass of lymph, yellowish in colour, pretty firmly adherent to the surfaces from which it had exuded, and filling up nearly the anterior half of the cavity of the eye. This mass of lymph, permeated with numerous pus globules, was thickest and extended farthest back at the outer side of the eye, where I found just back of the equator a large scale of iron sticking firmly in the sclerotic. It was, by actual measurement, half an inch long, one quarter of an inch wide, and a little thicker than ordinary foolscap paper. Its surfaces were smooth, but the edges rough and irregularly serrated. Near the middle of its length were two corresponding notches, one on either side, in which it was firmly embraced by the sclerotic coat, one-half projecting into the orbit, and the other into the eye. It had passed through the globe, and half way out on the opposite side. In this position, the offending body was held so firmly that I had to enlarge the wound in the sclerotic with the scissors, in order to extricate it."

*New Operation for Obstinate Strabismus.* By E. ANDREWS, M. D.—"Certain cases of strabismus have always been considered incurable: among which are those which result from rupture of the external rectus oculi muscles, and those which are produced by a wound or injury within the internal angle of the lids, fastening the eye by a cicatrix. Yet there occur instances of this sort where the cure is of the utmost importance. Such are those where the sound eye happens, subsequently, to be ruined, while the strabismic one is so turned inward as to be rendered practically useless for supplying its place. In such case the patient is actually in the condition of a blind man, though having one eye perfect in everything but position. Having two such cases on hand, I resolved to try a new operation on one of them. The external rectus muscle had been ruptured, allowing the cornea to turn toward the internal canthus so far as to be